

Filed NOV 10 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9140

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1727 Market St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sevas Cassimatis

3. (b) If veteran, name war. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive

7. Birth date of deceased. Oct 1897

8. AGE: Years About 65 Months Days If less than one day hr. min.

9. Birthplace Turkey 8 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Menna Cassimatis

13. Birthplace Turkey 8 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant C. Cassimatis

(b) Address 1727 Market St.

17. (a) Burial (b) Date thereof 10-2-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) Date received local registrar NOV 2 1942 (b) J. F. Boudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 year 1942 hour 3 minutes P.M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Old Subdural Hemorrhage of brain when he was struck by a Automobile driven by one Charles Bernard Shaver in front of 4873 Delmar Blvd about 8:00 P.M. September 17-1942

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 100
(b) Date of occurrence Oct 12-1942 St Louis MO

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

(Specify type of place) While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Date signed 11/2/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.